

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99374

1. Corporation Name

Wildwood Mower & Saw, Inc.

2. Principal Office Address

106 Gulf to Atlantic

Suite, Apt. #, etc.

City & State

Wildwood FL

Zip

34785

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

6-25-02 90451 03 15000

1-23-03 01039 003 75000

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 1988

5. FEI Number

59-2926697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See To Addition in the next section for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandy C. Watson

Street Address (P.O. Box Number is Not Acceptable)

106 Gulf to Atlantic

Suite, Apt. #, Etc.

City

Wildwood

State

FL

Zip Code

34785

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Sandy C. Watson

Date 10-18-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVPS	Sandy C. Watson	106 Gulf to Atlantic	Wildwood FL 34785

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sandy C. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-18-03

Daytime Phone # 352-748-2305